

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

| STANDARD CERTIFICATE OF DEATH | | | | Dr. Plousard Arizona State Board of Health | | BUREAU OF VITAL STATISTICS | |
|---|------------------|---|-----------|--|--|---|--|
| 1. PLACE OF DEATH | | | | State <u>ARIZONA</u> | | State File No. <u>181</u> | |
| County <u>Mariopas</u> | | | | or Village | | Registered No. <u>606</u> | |
| Township | | | | No. <u>St. Joseph Hospital</u> | | St. Ward | |
| City <u>Phoenix</u> | | | | (If death occurred in a hospital or institution, give its NAME instead of street and number) | | | |
| Length of residence in city or town where death occurred <u>0</u> yrs. <u>0</u> mos. <u>2</u> ds. | | | | How long in U. S. if not born here? <u>2</u> yrs. <u>0</u> mos. <u>0</u> ds. | | | |
| 2. FULL NAME <u>John Edward Huber</u> | | | | How long in State when death occurred <u>2</u> yrs. <u>0</u> mos. <u>0</u> ds. | | | |
| (a) Residence: No. <u>Tampa, Arizona</u> | | | | St. <u>2107</u> | | (If non-resident give city or town and State) | |
| (Usual place of abode) | | | | | | | |
| PERSONAL AND STATISTICAL PARTICULARS | | | | | | | |
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u> | | | | | |
| <u>Male</u> | <u>White</u> | | | | | | |
| 5a. If married, widowed, or divorced | | | | | | | |
| HUSBAND of <u>Alta S. Huber</u> | | | | | | | |
| (or) WIFE of | | | | | | | |
| 6. DATE OF BIRTH (month, day, and year) <u>Oct. 18, 1882</u> | | | | | | | |
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. | | | |
| | <u>52</u> | <u>6</u> | <u>24</u> | | | | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> | | | | | | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own farm</u> | | | | | | | |
| 10. Date deceased last worked at this occupation (month and year) | | | | | | | |
| 11. Total time (years) spent in this occupation | | | | | | | |
| 12. BIRTHPLACE (city or town) <u>Rockville</u> | | | | | | | |
| (state or country) <u>Utah</u> | | | | | | | |
| 13. NAME <u>John Paul Huber</u> | | | | | | | |
| 14. BIRTHPLACE (city or town) <u>Paris</u> | | | | | | | |
| (State or country) <u>France</u> | | | | | | | |
| 15. MAIDEN NAME <u>Mary Ann Dalton</u> | | | | | | | |
| 16. BIRTHPLACE (city or town) <u>Unknown</u> | | | | | | | |
| (State or country) | | | | | | | |
| 17. INFORMANT <u>Mrs. Alta Huber</u> | | | | | | | |
| (Address) <u>Tampa, Arizona</u> | | | | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL | | | | | | | |
| Place <u>Mesa, Arizona</u> Date <u>5-15-1935</u> | | | | | | | |
| 19. UNDERTAKER <u>Weldrum Mortuary</u> | | | | | | | |
| (Address) <u>Mesa, Arizona</u> | | | | | | | |
| 20. Filed <u>5/21</u> , 19 <u>35</u> | | | | | | | |
| Registrar <u>O. W. Henry</u> | | | | | | | |
| MEDICAL CERTIFICATE OF DEATH | | | | | | | |
| 21. DATE OF DEATH (month, day, and year) <u>May 12, 1935</u> | | | | | | | |
| 22. I HEREBY CERTIFY, That I attended deceased from | | | | | | | |
| 19 <u> </u> , to 19 <u> </u> | | | | | | | |
| I last saw h. alive on 19 <u> </u> ; death is said | | | | | | | |
| to have occurred on the date stated above, at <u>5 P.</u> m. | | | | | | | |
| The principal cause of death and related causes of importance were as follows: | | | | | | | |
| <u>AN AUTOMOBILE ACCIDENT</u> | | | | | | | |
| <u>CRUSHED CHEST</u> | | | | | | | |
| Other contributory causes of importance: | | | | | | | |
| Name of operation Date of | | | | | | | |
| What test confirmed diagnosis? Was there an autopsy? | | | | | | | |
| 23. If death was due to external causes (violence) fill in also the following: | | | | | | | |
| Accident, suicide, or homicide? <u>ACCIDENT</u> Date of injury <u>5/10/35</u> , 19 <u> </u> | | | | | | | |
| Where did injury occur? <u>STATE RT #89 1 MI. EAST OF</u> | | | | | | | |
| <u>PHOENIX, ARIZONA</u> | | | | | | | |
| Specify whether injury occurred in industry, in home, or in public place. | | | | | | | |
| <u>PUBLIC PLACE ON HIGHWAY</u> | | | | | | | |
| Manner of injury <u>CRUSHED CHEST</u> | | | | | | | |
| Nature of injury <u>1.1</u> | | | | | | | |
| 24. Was disease or injury in any way related to occupation of deceased? | | | | | | | |
| If so, specify | | | | | | | |
| (Signed) <u>Harry E. Westford</u> , M. D. | | | | | | | |
| (Address) <u>Justice of the Peace</u> | | | | | | | |